LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
COMMUNICABLE DISEASE CHART

DISEASE	EARLY SIGNS AND SYMPTOMS	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	SCHOOL ATTENDANCE	PREVENTIVE MEASURES	REPORT
AIDS (acquired immunodeficiency syndrome)	Initially - a self - limited mononucleosis -like illness; later - depends on opportunistic infection - swollen lymph nodes, anorexia, chronic diarrhea, weight loss, fever, fatigue.	Variable, 2 months to 10 years or longer.	Blood and body fluids, sexual transmission.	Begins early after onset of HIV infection and extends throughout life.	Blood & body fluid precautions. Child should be regularly evaluated by physician and child care provider for appropriate placement and/or possible exclusion.	Use of standard precautions in school setting. Education of children and school personnel on AIDS. Avoid "high risk" behavior. Develop policies for handling blood spills/injuries.	Yes
CHICKENPOX (varicella)	Usually begins with a sudden onset of mild fever, followed several days later by the occurrence of small raised pimples which shortly become filled with clear fluid. Scabs form later.	2-3 weeks; commonly 13-17 days.	Airborne, droplet, direct contact and indirect (fomites) transmission.	Lasts for an interval of at least 7 days from the earliest evidence of a disease.	Isolation at home is required for 6 days after the appearance of the rash or until sores are healed, or only a few remain, which are well covered by scabs. Other children in the family may attend school, but are to be closely observed and excluded immediately after the first sign of the disease.	Avoid exposure to cases. Strict hand washing and use of standard precautions. Immunization is available.	Yes
CMV (cytomegalovirus – herpesvirus group) **INFECTION**	Asymptomatic infections are the most common, particularly in children. Severe symptoms in infancy; if acquired later in life - fever, sore throat, glandular swelling.	The incubation period for CMV infections transmitted in households is unknown. Infection usually manifests 3 to 12 weeks after blood transfusions and between 1 and 4 months after tissue transplantation.	Contact and droplet transmission.	Virus is shed in urine and saliva for many months.	Exclusion not required. Reservoir of infection are mostly asymptomatic shedders of virus. Excluding known cases would not make a difference.	Strict hand washing and use of standard precautions.	None
COMMON COLD (upper respiratory infections caused by a variety of viruses--rhinoviruses, adenoviruses).	Symptoms of rhinitis, coryza, sneezing, lacrimation, irritated nasopharynx. May be complicated by laryngitis, pharyngitis and otitis .	1-3 days (usually 48 hours).	Droplet transmission and contact with contaminated hands, tissues etc.	1 day before symptom onset to 5 days after.	Exclusion not required unless severe symptoms occur.	Strict hand washing and use of standard precautions.	None
DIARRHEAL DISEASES (caused by Salmonella, Shigella, *E.coli* O157:H7, Campylobacter, Cryptosporidium, Rotaviruses)	Varies according to causative agent, symptoms may include nausea, vomiting, diarrhea, stomach cramps, headache, blood and/or mucus in stool, fever.	Varies according to causative agent: Salmonella 6-72 hrs. usually 12-26 hrs. Shigella 12 -96 hrs, usually 1-3 days, range 1-10 days; *E.coli* 0157:H7 12 - 60 hrs. Cryptosporidiosis unknown, range 1-12 days; Rotavirus 24-72 hrs. usually 48 hours.	Fecal-oral transmission.	Duration of clinical symptoms or until causative agent is no longer present in stool.	Exclude until diarrhea has resolved or is controlled (contained in diaper or in toilet) or until cleared by medical provider.	Food hygiene. Strict hand washing and use of standard precautions.	Report outbreaks And individual Cases according to Reportable diseases list
ENTEROBIASIS (pinworm)	Frequently asymptomatic. The most typical - perianal pruritus, especially at night, which may lead to excoriations and bacterial superinfection. Occasionally, invasion of the female genital tract with vulvovaginitis . Also - anorexia, irritability, and abdominal pain.	The incubation period from ingestion of an egg until an adult gravid female migrates to the perianal region is 1 to 2 months or longer.	Direct contact, indirect contact (fomites) by fecal-oral transmission.	A person remains infectious as long as female nematodes are discharging eggs on perianal skin. Eggs remain infective in an indoor environment usually for 2 to 3 weeks.	Exclude until treated.	Hand washing. Prevention of fecal-oral transmission.	None
ERYTHEMA INFECTIOSUM (Fifth disease)	Viral disease (parvovirus B19). "Reddish" eruption, no fever, characterized by an intense facial rash with a "slapped cheek" appearance. Reddening of the skin fades and recurs; exaggerated by exposure to sunlight. Outbreaks are frequent. Risk for pregnant women. Consult their medical provider.	Usually between 4 and 14 days (but can be as long as 21 days). Rash and joint symptoms occur 2 to 3 weeks after infection.	Droplet transmission.	People with EI are most infectious before onset of the rash. They are unlikely to be infectious after onset of the rash.	Children with EI may attend child care or school, because they are no longer contagious.	Standard precautions are indicated including hand hygiene and proper disposal of used facial tissues.	None
GIARDIASIS (*Giardia lamblia*)	Asymptomatic infection is common. Diarrhea, abdominal cramps, bloating, frequent loose and pale greasy stools, fatigue, weight loss.	Usually is 5-25 days (1 to 4 weeks) , median 7-10 days.	Fecal-oral transmission.	As long as the infected person excretes cysts.	Exclude until diarrhea has resolved and/or cleared by the medical provider.	Hand hygiene and prevention of fecal-oral transmission.	Yes
HAND-FOOT-AND-MOUTH DISEASE (Strains of Entero viruses - Coxsackievirus disease)	Enanthem consisting of ulcers located on the buccal mucosa, tongue or gums. After 2 days of enanthem an exanthem develops (vesicular rash over the hands and/or the feet).	3 to 6 days.	Contact transmission.	Several weeks after the infection starts; respiratory shedding of the virus is limited to a week or less.	Do not exclude unless the student is drooling uncontrollably.	Hand hygiene and proper disposal of used facial tissues.	None
HEPATITIS A	Many infected persons, especially children, are asymptomatic or have mild symptoms without jaundice. Onset is usually abrupt with fever, nausea, abdominal discomfort and anorexia followed within a few days by jaundice, dark tea colored urine and pale clay colored stools.	15-50 days (usually 25-30 days).	Contact transmission and fecal-oral transmission.	2 weeks before symptom onset and 1 week after jaundice occurs.	Exclude cases for first 2 weeks of illness but no longer than 7 days after onset of jaundice, or as decided by the physician.	Immune globulin (IG) for household contacts. Not indicated for contacts in an usual school situation. In day care centers when hepatitis A infection is identified in an employee or child - IG for previously **unimmunized** employees in contact with the index case and for **unimmunized** children in the same room as the index case. Good sanitation and personal hygiene with strict handwashing.	Yes
HEPATITIS B	Anorexia, abdominal discomfort, nausea, vomiting, muscle aches, rash, jaundice. Includes inapparent cases.	6 weeks – 6 months (Usually 45-180 days, average 60-90 days).	Contact with blood and body fluids. Sexual transmission.	Blood can be infective many weeks before the onset and through the acute clinical phase of the illness. In case of chronic carriage persons with chronic Hepatitis B surface antigen are infective lifelong.	Exclude cases for first 2 weeks of illness but no longer than 7 days after onset of jaundice, or as decided by the physician.	Standard precautions by school personnel when attending injuries and/or blood spills. Education of staff and parents. Immunization of contacts. Universal immunization of all infants. Required for all day care children.	Yes
IMPETIGO CONTAGIOSA (Caused by Staphylococci or Streptococci infections) *For other staphylococci skin infections see below.	Commonly found on the hands and face, but sometimes widely scattered over the body. There are small fluid -filled pimps at first, followed by the formation of loose scales and/or crusts.	Variable and indefinite; usually 4-10 days after bacteria attach to the skin.	Contact transmission. The disease is spread by direct contact with cases or through fomites contaminated by discharges from the sores.	*Staphylococcus aureus* colonizes the skin and mucous membranes of 30% to 50% of healthy adults and children. The person is infective while sores remain unhealed or untreated.	Exclude for 48 hours after start of effective therapy, since covering of lesions may be difficult.	Good personal hygiene with adequate bathing of the skin with soap and water. Avoid person-to-person close contacts and sharing of toilet articles (such as towels).	None
INFECTIOUS MONONUCLEOSIS (Epstein-Barr Virus Infection)	Manifests typically as fever, exudative pharyngitis , lymphadenopathy, hepatosplenomegaly and atypical lymphocytosis .	Is estimated to be 30 to 50 days.	Contact transmission.	The period of communicability is indeterminate. Intermittent excretion is lifelong.Virus is excreted for many months after infection and can occur intermittently throughout life.	Exclusion to prevent transmission is not practical.	No specific measures recommended.	None
INFLUENZA (influenza virus type A, B, C)	Generally is characterized by sudden onset of fever, often with chills or rigors, headache, malaise, diffuse myalgia and a nonproductive cough. Subsequently, the respiratory tract signs of sore throat, nasal congestion, rhinitis and cough become more prominent. Conjunctival injection, abdominal pain, nausea and vomiting can occur. Often confused with other respiratory infections (i.e. common cold).	Usually 1-3 (rarely 5) days.	Droplet and contact transmission.	Probably limited to 1 day before the onset of illness and 3-5 days after the onset in adults, up to 7 days in young children.	Exclusion to prevent transmission is impractical. Quarantine does not affect the course of outbreak and is not recommended. School closings may be decided by school administration for academic reasons.	Immunization is available. Universal precautions, respiratory hygiene and personal hygiene should be maintained.	Report outbreaks
MEASLES (Rubeola)	Dry hacking cough, red watery eyes which are usually sensitive to light, runny nose and fever. Fever usually precedes the rash by a few days. Erythematous maculopapularrash appears at hairline spreading downward over body. Pathognomonic enanthemas (Koplik spots) appear prior to rash in prodrome period. Patient is usually quite ill.	About 10 days, varying from 7 -18 days from exposure to onset of fever, usually 14 days until rash appears.	Airborne transmission.	From beginning of illness until 4 days after rash appears, highly communicable.	Isolate at home for at least 4 days following the appearance of the rash. Other children in family may attend the school, but must be under observation. All unimmunized children should be immediately immunized.	Immunization is available.	Yes
MENINGITIS & INVASIVE DISEASE (meningococcal)	Fever, sore throat, headache, nausea and vomiting, stiff neck. In meningococcemia cases onset often is abrupt with fever, chills, malaise, prostration and a rash that initially may be macular, maculopapularor petechial. In fulminant cases (Waterhouse-Friderichsen syndrome), purpura , disseminated intravascular coagulation, shock, coma and death can ensue within several hours despite appropriate therapy.	Varies from 2-10 days, commonly 3 -4 days.	Droplet transmission.	As long as meningococcal agent remains in the nose and throat. It usually disappears within 24 hours after the starting of effective antibiotic therapy. About 5% of the population are healthy carriers.	Cases should be excluded until well and until starting antibiotic treatment for carriage of the organism.	Immunization is available. Household contacts should be given prophylactic treatment and observed for 5 days. School contacts are not at high risk and do not need prophylaxis.	Yes
MENINGITIS & INVASIVE DISEASE (*Haemophilus influenzae* type b)	Fever, vomiting, lethargy, headache, stiff neck.	Varies from 2-10 days, commonly 3 -4 days.	Droplet transmission or direct contact.	As long as organisms are present, which may be for a prolonged period of time even without nasal discharge. Noncommunicable within 24-48 hours after the starting of effective antibiotic therapy.	Exclude during acute illness and until starting effective treatment for carriage of the organism.	Immunization is available. Close contacts and day care center contacts should be treated prophylactically and observed for symptoms for 5 days. Prompt treatment if symptoms develop is extremely important. School contacts are not at higher risk of developing the disease.	Yes
MENINGITIS & INVASIVE DISEASE (bacterial) Agents undetermined (*Streptococcus pneumoniae* and others)	The clinical symptoms and neurologic complications are similar to other forms of purulent bacterial meningitis. Symptoms may include headache, lethargy, vomiting, irritability, fever, nuchal rigidity, cranial nerve signs, seizures and coma. Fever, usually high, drowsiness and/or impaired consciousness, irritable, fussy. agitated, severe headache, vomiting, stiff neck, pain on moving neck.	Unknown, probably short, less than 4 days. Children aged <2 years are at increased risk for pneumococcal infection. Persons who have certain underlying medical conditions also are at increased risk for developing pneumococcal infection or experiencing severe disease and complications.	Droplet transmission.	Until after 24 hours of antibiotic treatment.	Exclude during acute illness and until treated. Antimicrobial chemoprophylaxis is not recommended for contacts of children with invasive pneumococcal disease, regardless of their immunization status.	Immunization is available (two pneumococcal vaccines are available for use in children). Standard precautions are recommended. No prophylaxis.	Yes
MUMPS (Epidemic Parotitis)	Begins with a slight fever and nausea. Then painful swelling appears about the angle of the jaw and in front of the ear.	Usually from 16 to 18 days, but cases may occur from 12 to 25 days after exposure.	Droplet transmission.	The period of maximum communicability is from 1 to 2 days before to 5 days after the onset of parotid swelling.	Exclude for 9 days from onset of parotid gland swelling. Other children in the family may attend school under close observation by the school personnel.	Immunization is available.	Yes
PEDICULOSIS (Head Lice)	Irritation and itching of the scalp (many children are asymptomatic). Lice are light grey insects which lay eggs ("nits") on the hair, especially at the nape and about the ears.	Approximately 7-10 days after eggs hatch. Eggs hatch in a week. New lice start laying eggs about two weeks later. Nits hatch in 10-14 days, adults live 3-4 weeks. The incubation period from the laying of eggs to the hatching of the first nymph is 6 to 10 days. Mature adult lice capable of reproducing do not appear until 2 to 3 weeks.	Direct and indirect (fomites) contact.	Until effective treatment is completed.	Any child with lice must be satisfactorily treated with an effective insecticide before returning to school. Exclusion is not necessary after initial treatment, even though nits may be present.	Examine and treat all infested children in class. Retreat if indicated in 8-10 days to kill newly hatched lice. Store hats and coats separately and eliminate sharing of combs and brushes. School fumigation is unnecessary. Notify families to check for symptoms in household contacts.	None
PERTUSSIS (Whooping Cough)	Initially, symptoms are similar to those of a cold with sneezing and coughing. From 1 to 2 weeks later the cough becomes more severe with the characteristic "Whoop."	7-10 days, and rarely exceeding 14 days.	Droplet transmission.	During the "cold" period and the first 3 weeks of the "whoop" or 5-7 days after start of antibacterial therapy.	Exclude patient from the presence of young children and infants, especially unimmunized infants until the patient has received antibiotics for at least 5 days. Other immunized children in the family may attend school under close observation. Exclude immediately at the first sign of illness. Inadequately immunized household contacts less than 7 years old should be excluded for 14 days after last exposure or until the cases and contacts have received antibiotics for 5 days.	Immunization in early infancy, usually given in combination with diphtheria and tetanus immunization as DTaP vaccine. Booster doses are given at intervals as recommended by the physician or health department. In addition to standard precautions, droplet precautions are recommended for 5 days after initiation of effective therapy or until 3 weeks after the onset of paroxysms if appropriate antimicrobial therapy is not given. Prophylaxis of contacts.	Yes
RINGWORM (*Tinea capitis*)	A fungal infection that may affect the body, feet and scalp. On the scalp - circular scaly patches with raised edges and short broken off hairs. Discrete areas of hair loss studded by stubs of broken hairs. On the feet (Athlete's Foot, Ringworm of the Feet) - occurs as fine vesiculopustularor scaly lesions between toes, particularly in the third and fourth interdigital spaces. May occur anywhere on the body as well. Pruritus (Itching) is common.	10-14 days.	Contact. It is spread by contaminated clothing (caps, etc.) or by contact with dogs and cats. More common in children 5-12 years of age.	As long as present on the person or on contaminated clothing.	Anyone having ringworm should be placed under treatment by a physician. Return to school is dependent upon being under adequate treatment. No child should be readmitted to the classroom unless he/she has a note from a physician stating he/she is under medical care. All infected areas should be covered if student does not have good hygienic habits.	Proper treatment of cases to prevent spread to others. Use standard precautions.	None
RUBELLA (German Measles)	Begins with a rash. The fever and rash in rubella usually have a simultaneous onset. Small nodular swellings behind the ears often occur, aiding in diagnosis. Usually lasts 3 days. Today it is rare in the US because of routine immunization.	16-18 days with a range of 14-23 days.	Droplet transmission.	7 days before and at least 4 days (up to 14) after onset of rash; highly communicable.	Exclude children from school for 7 days after onset of rash. Exposure of susceptible pregnant women to infected children should be avoided.	Routine immunization is available. Women of childbearing age with no previous history of disease should be immunized. In addition to standard precautions, for postnatal rubella, droplet precautions are recommended for 7 days after the onset of the rash.	Yes
SCABIES (*Sarcoptes scabei*)	Appears as small, scattered, red spots which are most frequently found in the web of the fingers and areas of the thighs and arms where the skin is thin. Itching is most severe at night.	In persons without previous exposure usually is 4 to 6 weeks. People who previously were infested develop symptoms 1 to 4 days after repeated exposure to the mites.	Contact (skin-to-skin contact with infected persons).	Until the mites and eggs are destroyed (usually after 1 or 2 days of proper treatment with scabicides).	Exclude infected children from school until the day after treatment.	Good personal hygiene. Launder bedding and clothing (hot water and hot drying cycle) worn next to skin at least 4 days before start of treatment. Items that cannot be laundered should be kept in plastic bags for at least 4 days. Notify families to check for symptoms in household contacts. Prophylactic treatment of those who have had skin-to-skin contact with infected persons.	None
Staphylococcal skin infections (Including MRSA)	Staph, including MRSA, can also cause more serious infections such as severe skin infections, surgical wound infections, bloodstream infections and pneumonia. The symptoms could include high fever, swelling, heat and pain around a wound, headache, fatigue and other symptoms.	Undetermined since disease occurs often in persons who have been colonized for months.	Staph, including MRSA, are spread by direct skin-to-skin contact, such as shaking hands, wrestling, or other direct contact with the skin of another person. Staph are also spread by contact with items that have been touched by people with staph, for example, towels shared after bathing and drying off, or shared athletic equipment in the gym or on the field.	A person remains infectious from their skin infection site as long as they have a discharge.	Do not exclude if wound/skin infection is covered, draining pus is contained and proper treatment administered. Most sources of staphylococci/MRSA are colonized individually.	• practicing good hygiene (e.g., keeping your hands clean by washing with soap and water or using an alcohol-based hand sanitizer and showering immediately after participating in exercise); • covering skin trauma such as abrasions or cuts with a clean dry bandage until healed; • avoiding sharing personal items, (e.g., towels, razors) that come into contact with your bare skin; using a barrier (e.g., clothing or a towel) between your skin and shared equipment such as weight-training benches; • maintaining a clean environment by establishing cleaning procedures for frequently touched surfaces and surfaces that come into direct contact with people's skin.	No for isolated cases Yes for outbreaks
STREPTOCOCCAL INFECTION (Including *Scarlet Fever* and *Streptococcal Sore Throat*)	Sore throat, swollen glands, headache, fever and generalized "reddish" rash. In some cases, sore throat may be the only sign. Scarlet fever and strep throat are the same disease except for the rash with scarlet fever.	1-3 days.	Droplet and direct and indirect contact (fomites)	From the first signs of illness until 24-48 hours after start of effective antibiotic therapy. About 10-21 days if uncomplicated and untreated. Transmission of infection, including school outbreaks of pharyngitis , almost always follows contact with respiratory tract secretions. May also be associated with crowding. The close contact facilitates transmission.	The patient should remain out of school until 24 hours after starting antibiotic therapy.	Antibiotic treatment of cases and asymptomatic contacts at high risk, i.e., those with history of rheumatic fever. Use of standard precautions. Close contact with the case should be avoided, if possible.	Yes

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For more information or to report a disease, call 504-219-4563 or 1-800-256-2748 (24 hours a day, 7 days a week)
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